

**MONTANA BOARD OF FUNERAL SERVICE**

**PO Box 200513**

**Helena, Montana 59620-0513**

**(406) 841-2393 FAX (406) 841-2305**

<http://discoveringmontana.com/dli/fnr>

**Application for a Funeral Business License:**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Mortuary</b>  | <input type="checkbox"/> <b>Mortuary Branch Facility</b>    |
| <input type="checkbox"/> <b>Crematory</b> | <input type="checkbox"/> <b>Private-for-profit Cemetery</b> |

**Include the inspection fee with all applications.**

Licenses are **non-transferable from one location to another or from one owner(s) to another** unless the proprietor of a licensed facility terminates services at the licensed facility and commences services at a new facility. The new facility must be inspected and must meet the standards for operation as set by the Board. Fees will not be prorated for portions of the year. Funeral business licenses expire July 1<sup>st</sup> of each year. The private-for-profit cemetery is issued a five-year license, which expires July 1<sup>st</sup> every five years. Renewals are mailed to the funeral business' preferred mailing address and must be renewed by July 1<sup>st</sup> of each year. **The funeral business may not operate until a valid license is issued and posted in the funeral business facility.**

**Part 1.**

1. BUSINESS ENTITY: ☐ **Sole Proprietorship** ☐ **Partnership** ☐ **Other**  
☐ **Limited Liability** ☐ **Professional Corporation** ☐ **Non-Professional Corporation**
2. Date of Inc. \_\_\_\_\_ Date Established \_\_\_\_\_ Registered in MT ☐ Yes ☐ No
3. Insurance/Bond Date \_\_\_\_\_ Worker's Comp ☐ Yes ☐ No ☐ Pending ☐ Exempt ☐ Cancelled
4. BUSINESS ENTITY NAME: \_\_\_\_\_
5. FEDERAL TAX ID# \_\_\_\_\_
6. BUSINESS ADDRESS (Physical Address): \_\_\_\_\_  
Street including # City State Zip
7. BUSINESS MAILING ADDRESS: \_\_\_\_\_  
P. O. Box or Street City State Zip
8. BUSINESS TELEPHONE NUMBER (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Business Fax
9. BUSINESS E-MAIL ADDRESS \_\_\_\_\_
10. LIST ANY DBA \_\_\_\_\_
11. IS DBA REGISTERED? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ ACTIVE \_\_\_\_\_ INACTIVE

**Part 2.**

12. LIST ALL OWNERS NAMES OR IF YOUR BUSINESS IS A CORPORATION LIST ALL OFFICERS NAMES:  
(Please utilize space on the back of this sheet if more space is required)

_____ Last	_____ First	_____ MI	_____ Phone #	_____ SS#	_____ MT Funeral License #
_____ Last	_____ First	_____ MI	_____ Phone #	_____ SS#	_____ MT Funeral License #
_____ Last	_____ First	_____ MI	_____ Phone #	_____ SS#	_____ MT Funeral License #
_____ Last	_____ First	_____ MI	_____ Phone #	_____ SS#	_____ MT Funeral License #

**Part 3.**

13. \_\_\_\_\_  
MORTICIAN, CREMATORY OPERATOR OR MANAGER IN CHARGE  
\_\_\_\_\_  
LICENSE NUMBER
14. TELEPHONE # (\_\_\_\_) \_\_\_\_\_ (daytime) (\_\_\_\_) \_\_\_\_\_ (evening) E-MAIL \_\_\_\_\_
15. Has any legal or disciplinary action been filed against the business? If yes, attach a detailed explanation. ☐ Yes ☐ No
16. Has a licensing agency ever taken adverse or disciplinary action against the business license?  
If yes, attach a detailed explanation. ☐ Yes ☐ No
17. Has a complaint ever been made against the business alleging unethical behavior or unprofessional conduct? If yes, please explain? ☐ Yes ☐ No
18. Has the business ever had a license denied, revoked, or suspended? If yes, give details. ☐ Yes ☐ No
19. Has the business license ever been forfeited or surrendered? If yes, give details. ☐ Yes ☐ No

**Part 4. TO BE COMPLETED FOR MORTUARY, CREMATORY AND CEMETERY APPLICATIONS ONLY:**

20. Is this a transfer of a current mortuary, crematory or cemetery license? ☐ Yes ☐ No
21. Has notice of such change of ownership been published in a newspaper of general circulation in the county in which the mortuary is located? This must be done within 30 days of the change of ownership. ☐ Yes ☐ No

**Part 5. TO BE COMPLETED FOR MORTUARY APPLICATIONS ONLY:**

22. Does this facility have a preparation room? ☐ Yes ☐ No
23. Is the business complying, and will the business comply, with all of the Board of Funeral Service regulations with respect to the preparation room as referred to in the Administrative Rules of Montana? ☐ Yes ☐ No

**Part 6. TO BE COMPLETED FOR MORTUARY BRANCH FACILITY APPLICATIONS ONLY:**

24. Does the Branch Facility have a preparation room? ☐ Yes ☐ No
25. What is the name of the Mortuary that this facility is a branch of:

\_\_\_\_\_

MORTUARY NAME

\_\_\_\_\_

MORTUARY LICENSE #

**Part 7. TO BE COMPLETED FOR CREMATORY APPLICATIONS ONLY:**

26. Are you complying and will you comply with all local state and federal building codes and regulations regarding environmental impact on the area in which the crematory is located? ☐ Yes ☐ No
27. Describe the type of structure and equipment: (Use back of form if necessary)

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Number of Retorts \_\_\_\_\_ Cremation Vaults \_\_\_\_\_

**Part 8. PLEASE LIST ALL LICENSED AND UNLICENSED PERSONNEL WORKING IN THIS FACILITY:**

Last	First	MI	SS#	License #	Position
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**AFFIDAVIT**

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Cosmetologists.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the licensing laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Dated

Subscribed and sworn to by me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Notary Public

SEAL

\_\_\_\_\_  
City/State

My commission expires \_\_\_\_\_, \_\_\_\_\_.